

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
EMS & TRAUMA SYSTEMS SECTION
201 TOWNSEND ST - LANSING, MICHIGAN 48913
(517) 241-3026

AMBULANCE SAFETY INSPECTION CERTIFICATE OF COMPLIANCE

Instructions: Sections I & III of the prescribed form must be completed by a certified mechanic before the ambulance being sold provides ground ambulance services. Section IV must be completed by the previous owner before the ambulance being sold provides ground ambulance services. This form **MUST** be submitted with your application for Life Support Vehicle License, (BHS/EMS-181). **FAILURE TO DO SO WILL RESULT IN DENIAL OF YOUR APPLICATION.**

I. AMBULANCE INFORMATION			
YEAR	MAKE	STYLE	VIN
SOLD TO (Name of Life Support Agency)			DATE SOLD
II. GROUND AMBULANCE REQUIREMENTS MANUFACTURED AFTER JANUARY 1, 1982			
<p>Certification of a ground ambulance as it relates to Part 8, Rule 182:</p> <p>Subrule (2) states a ground ambulance manufactured after January 2, 1982, whose age from the date of manufacture exceeds 2 years, shall have a safety inspection by a certified mechanic before being sold to provide ground ambulance services. The inspection shall be documented on a form developed by the department and shall include a notarized statement by the previous owner attesting that the ground ambulance has not been involved in a vehicular accident altering its safety. The documents required by this subrule shall be submitted to the department by the purchaser as part of the application for licensure by the new owner.</p>			
III. CERTIFICATION			
I certify the ambulance described herein meets all applicable requirements of part 8, subrule 182 of the administrative rules pursuant to part 209 of the P.A. 1978, as amended.			
Name of mechanic certifying compliance			
Street Address			
City		State	Zip Code
Signature of mechanic certifying compliance			Date
IV. NOTARIZED STATEMENT BY PREVIOUS OWNER			
As previous owner of the mentioned ground ambulance I attest that the ground ambulance has not been involved in a vehicular accident altering its safety.			
Name of previous owner		Notary	
Street Address		Subscribed and sworn to me this ____ day of _____	
City/State		Notary Public _____	
Zip Code		State & County _____	
Signature of previous owner		Commission Expires on _____	
Date			